

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13540</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>William T. DRAKE</u> P.O. Box, Bldg., Room No., if any _____ Street <u>5340 MARENGO CIRCLE</u> City <u>CHARLOTTE</u> State <u>NC</u> ZIP Code + 4 <u>28216</u>	4. Name, file number, and address of labor organization. Name <u>INTERNATIONAL UNION of Elevator Constructors</u> Labor Organization File Number <u>043141</u> P.O. Box, Building and Room Number, if any _____ Street <u>4200 Morehead Road</u> City <u>CONCORD</u> State <u>N.C.</u> ZIP Code + 4 <u>28027</u>
5. Position in labor organization. <u>PRESIDENT - LOCAL #135 INTERNATIONAL UNION of ELEVATOR</u> <u>Constructors</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed William T. Drake On 8-28-05 704 391 2659
Date Telephone Number

Name of Person Filing <u>William T. Drake</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>MA</u></p> <p>Trade Name, if any: <u>MA</u></p> <p>P.O. Box, Bldg., Room No., if any: <u>MA</u></p> <p>Street <u>MA</u></p> <p>City <u>MA</u></p> <p>State <u>MA</u> ZIP Code + 4 <u>MA</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>MA</u></p> <p>Trade Name, if any: <u>MA</u></p> <p>P.O. Box, Bldg., Room No., if any: <u>MA</u></p> <p>Street <u>MA</u></p> <p>City <u>MA</u></p> <p>State <u>MA</u> ZIP Code + 4 <u>MA</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>MA</u></p> <p>11.b. Approximate dollar value of such dealing. <u>MA</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>MA</u></p> <p>12.b. Amount. <u>MA</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>NATIONAL ELEVATOR INDUSTRY EDUCATIONAL PROGRAM</u></p> <p>Trade Name, if any: <u>MA</u></p> <p>P.O. Box, Bldg., Room No., if any: <u>MA</u></p> <p>Street <u>11 LARSON WAY</u></p> <p>City <u>ATTLEBORO FALLS</u></p> <p>State <u>MA</u> ZIP Code + 4 <u>02763</u></p>	<p>14.a. Nature of payment.</p> <p><u>HOURLY WAGES RECEIVED FOR INSTRUCTING ELEVATOR SCHOOL TO ELEVATOR EMPLOYEES.</u></p> <p><u>I AM A PART TIME INSTRUCTOR.</u></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u>\$8800</u></p>

William T. Drake
5340 Marengo Circle
Charlotte, NC 28216
Sept. 28 2005

US Dept. of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW, Room N-5616
Washington, DC 20210

Sir,

This is my first filing. I am not sure if I am required to file and was not aware of this form until recently, after the grace period.

I only received hourly compensation for instructing industry classes as a part time instructor. Our educational program has many part time instructors like myself.

William T. Drake